

EXHIBIT B

Settlement	[INSERT FIRM NAME]
Total Number of Claims	[INSERT TOTAL NUMBER OF CLAIMS]
Total Settlement Amount	[INSERT CUMULATIVE TOTAL SETTLEMENT AMOUNT]
Amount Paid to MDL 2327 Fund	[INSERT CUMULATIVE AMOUNT PAID TO MDL 2327 FUND]
Date of Payment to MDL 2327 Fund	[INSERT PAYMENT DATE]
Wire Confirmation or Proof of Payment	[INSERT WIRE CONFIRMATION # OR ATTACH OTHER PROOF OF PAYMENT]

Settlement Firm	Claimant Data			
	AMS			
Associated Counsel / Attorney	Claim #	SSN	Last Name	First Name
		###-##-[XXXX]		